

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TS	69134	12-100 1-22-C1
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral).... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final Original 5	
1 ✓	
2 ✓	
3 ✓	
4 ✓	
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31 ✓	
32 ✓	
33 ✓	
(34) N	
35 N	
36 N	
37 N	
38 N	
39 N	
40 N	
41 N	
42 N	
43 N	
(44) N	
45 N	
46 N	
47 N	
48 N	
49 N	
50 N	

Claim	Date
Final Original 5	
51 N	
52 N	
53 N	
54 N	
55 N	
56 N	
57 N	
58 N	
(59) N	
60 N	
61 N	
62 N	
63 N	
64 N	
(65) ✓	
66 ✓	
67 O	
68 o	
69 ✓	
70 ✓	
71 ✓	
72 ✓	
73 ✓	
74 ✓	
75 ✓	
(76) ✓	
77 ✓	
78 ✓	
79 ✓	
(80) ✓	
81 ✓	
82 ✓	
83 ✓	
84 ✓	
85 ✓	
(86) N	
87 N	
88 N	
89 N	
90 N	
91 N	
92 N	
93 N	
94 N	
95 N	
96 N	
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(98) N	
99 N	
100 N	

Claim	Date
Final Original 5	
101 N	
102 N	
103 N	
(104) N	
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If more than 150 claims or 10 actions  
staple additional sheet here